

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

36033

**1. PLACE OF DEATH**

County Daviess  
Township \_\_\_\_\_  
City Jamerson (No. \_\_\_\_\_)

Registration District No. 251  
Primary Registration District No. H. 51

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo W. Hopkins  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 - 1838  
7. AGE YEARS 95 MONTHS 8 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work  
10. Date deceased last worked at this occupation (month and year) Mar. 1918 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co. Mo.

13. NAME Geo W. Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Nancy Jane Liggett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Lusie M. Martin (ADDRESS) Jamerson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand River DATE Nov. 23rd 1933

19. UNDERTAKER H. A. Hope (ADDRESS) Ball Bluff, Mo.

20. FILED Nov 22 1933 Joe E. Robinson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21 - 1933

22. I HEREBY CERTIFY That I attended deceased from 11/20 25 1933 to Nov 21 1933  
I last saw him alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 4:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
162  
Senility  
762

Other contributory causes of importance \_\_\_\_\_ Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) J. B. Graham M. D.  
(Address) Jamerson, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 4 1934

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